

## ***theory and position papers***

# **To Have Not: The Childless Older Woman**

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Older persons comprise a large and increasing minority population throughout the world, and most of them are women. The problems of older people are often the problems of women. Consequently, increased attention to the needs of older females is warranted.

This article explores the needs of a minority within a minority—those women who, for whatever reasons, have no children. Most of the problems concomitant with aging are mitigated by social support systems, particularly family members. Childless older women may have fewer familial supports; however, the impact of childlessness on their lives is not known.

To examine this issue fully, it is necessary to view childless older women from a perspective of commonality with all other people, especially other women. It is only from such a perspective that their unique concerns may be seen and evaluated.

### **IMPLICATIONS OF CHILDLESSNESS FOR OLDER WOMEN**

Women comprise almost 59.7% of the older population in America (Brotman, 1982; Butler & Lewis, 1977), and an estimated 4% of them are involuntarily childless (Rao, 1974). Although this seems to be a small percentage, it is over 571,000 individuals—a sizable group of involuntarily childless women. It is assumed that a smaller number of women are voluntarily childless (Rao, 1974). In general, however, the childless older woman can be described in several ways, depending on what the reasons were for the lack of children, such as lifetime marital status, individual choice, and fertility.

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Most older women who never married never had children. Some older married women chose zero parity (childlessness), while others were childless because of infertility. Historically, many of these women were in their childbearing years during the depression and then World War II, when lack of funds and total destitution were major influences on couples' decisions not to have children. During the war, many husbands were gone and some were killed. Many women therefore passed through the childbearing years when having children was either impractical, impossible, or both, rendering a large number of today's older and middle-aged women childless. Furthermore, during that time, adoption was not popular or available, but expensive and for the wealthy.

Today's childless older woman may be single—having never married or divorced but could not or did not have children—or is married and either could not or did not have children. It should also be noted that some older women have had children who died.

Regardless of the reasons for childlessness, older women who are childless have faced and may continue to face extensive social pressures. The myth of the maternal instinct is deeply ingrained in our society, particularly among the age peers of older women. *Pronatalism*, the encouragement of parenthood, is often based on the belief that motherhood is a woman's biological destiny (Harris, Durkie, & Flores, 1979).

Proponents of childlessness argue that the increasing numbers of women who manage to overcome the pressure of the *madonna complex*, the belief that motherhood is sacrosanct, choose to do so for a variety of reasons. Harris et al. (1979) provided the following explanations:

1. inability to procreate due to factors in one or both partners;
2. desire for zero parity based on economic implications;
3. concern for overpopulation; and
4. lack of desire to be a parent.

Harris et al. further stated that voluntarily childless women tend to be more highly educated than the general female popul<sup>u</sup>s. They quote studies showing that couples with children have lower marital satisfaction levels. They noted that raising children limits mobility and personal freedom; thus, the reasons for remaining childless become increasingly appealing.

Gustavus and Henley (1971) studied correlates of voluntary childlessness and concluded that "those who are presently childless are in violation of the statistical and social norm" (p. 277). Their research showed the phenomenon of childlessness to be very rare, regardless of the voluntary or involuntary nature of the reasons for having no children. In their attempts to study childlessness, they found the phenomenon to decrease with age, as might be expected. The maximum age group in their sample, however, was 40–44! A significant segment of the adult female population is over the age of 44, so there is little information

about the needs of older women who are childless that can be found in this study. Similarities to younger women may exist, but unique characteristics of the older cohort remain undetermined.

The overwhelming majority of research on childlessness has been conducted on women and couples in their early 20s and 30s (Christensen, 1968; Houseknecht, 1977). Rao (1974) was one of the few researchers to include older women in a study of cohort variations in childlessness. Among married women 50 and over, 19% were childless. The percentage rose to 19.6 for those women over 60. Having identified the sample, Rao chose to study correlates of childlessness, such as occupation and socioeconomic status, rather than research the psychological and social impact of childlessness on the older women.

The impact of childlessness on the social-psychological well-being of older women was described by Beckman and Houser (1982). A major finding was that widowed childless older women had a lower sense of psychological well-being than did widowed mothers. Among the older women in their sample, childlessness had no significant effects on well-being. These results may be understood more clearly within the framework of adult development. This framework permits comparisons to be made between psychological needs and concerns of adults, older people, and older women in general, and childless older women in particular.

## ADULT DEVELOPMENT AND CHILDLISSNESS

The developmental nature of the stages of human life are clearly depicted in Erikson's (1963) psychosocial theory and Havighurst's (1972) developmental tasks. Both of these theories favor marriage and parenting as expected and "normal" roles in adulthood. In so doing, they place the childless older woman, especially if she never married, in a socially deviant role.

In Erikson's (1963) consecutive stages, the developmental concerns during early and middle adulthood are *intimacy versus isolation* and *generativity versus stagnation*. These conflicts are preceded by the adolescent's search for stability in the issue of *identity versus identity confusion* and establish a platform for the final psychosocial dilemma of *integrity versus despair*.

Once an identity has been established, the adult is prepared for deeper, more intimate relationships. According to Erikson (1963), this primarily refers to a mutually satisfying union with another person in which genitality can be fully developed. The adult is now ready to fuse his or her identity with that of another. At the same time, society expects these young adults to select a marriage partner, learn to live with that person, start a family, rear children, manage a family, earn a living, and achieve adult civic and social responsibilities (Havighurst, 1972).

It is possible to view the problems of childless older women in terms of the following adult developmental stages: Erikson's (1963) stage of *intimacy versus isolation*, and Havighurst's (1972) developmental tasks of early adulthood. If the childless older woman has been married, she may have been successful in establishing an intimate relationship with another person. Even though societal expectations are slowly changing, most people in our culture still consider marriage as the major criterion for measuring female achievement. Historically, childbearing ranks second. Success with a substantial portion of Havighurst's tasks would therefore be impossible for childless women. They simply would be denied the opportunity for mastery in (a) starting a family, (b) rearing children, and (c) managing a family.

In Erikson's (1963) succeeding stage of *generativity versus stagnation*, the qualities of caring, loving, teaching, and guiding are extended beyond one's own children and family to nonrelatives or strangers. For success in this stage, one must have established an intimate relationship with another, extended this to parental or "mentor" love, and now be concerned with the world through the expression of brotherly love. In terms of developmental tasks, a major focus of this period of adulthood depends on relationships with one's spouse and with teenage children. Additional tasks include relating to older parents, establishing and maintaining an economic standard of living to meet one's needs, achieving adult civic and social responsibilities, maintaining friendships and social ties, and developing leisure activities (Havighurst, 1972).

The problems of childless older women are further compounded when the stage of *generativity versus stagnation* is reached. The assumption is that the adult will extend the qualities of loving and guiding beyond his or her own children and family to others. The issue for the childless older woman is one of experience. If she has not had the opportunity for generativity in her life, will she now be able to become generative? Again, Havighurst's (1972) tasks emphasize relationships with spouse and children. Although the childless older woman may be successful in achieving adult civic and social responsibilities or in maintaining friendships, Havighurst's (1972) implicit assumption is that success with these tasks can be reached only or most readily in a marriage or other family environment.

In Erikson's (1976) stage of *integrity versus despair*, the final opportunity for viewing one's life with feelings of satisfaction occurs. If a sense of ego identity surpasses the sense of despair, the ultimate strength—wisdom—will result. For Erikson (1976), wisdom is:

the detached and yet active concern with life in the face of death itself . . . it maintains and conveys the integrity of experience, in spite of the decline of bodily and mental functions. (p. 23)

Similarly, the developmental tasks in later life revolve around clarifying and accepting one's own life (Havighurst, 1972). The success the individual has had with each of the preceding developmental tasks and in each of the previous psychosocial stages obviously will dictate the degree of integrity experienced.

Success in the stage of integrity versus despair and in the developmental tasks of later life depends on success in each of the previous stages. If the childless older woman has experienced failure because she has not chosen or has not had the opportunity to be married and because she has not or could not have children, then a feeling of success will be more difficult to attain and may need to come from accomplishments in other spheres of her life. On the other hand, if childlessness was a preferred and voluntary choice, then feelings of success and integrity are more likely to result.

## OLD AGE AND CHILDLESSNESS

Aging occurs in all domains of life at varying rates and simultaneously (Birren & Schaie, 1976). The changes are interrelated, as are methods for acceptance and coping.

### Physiological Aging

Physiological change throughout life is essentially a process of early growth followed by gradual and progressive decline, which accelerates in the later years. The acceleration results from the cumulative effect of multiple losses. Changes in skin texture, loss of elasticity, graying of hair, decreased muscle tone, and other visible signs of aging have a stronger psychological impact on women than men in cultures such as ours, where value is placed on having a youthful appearance (Puner, 1974).

The traditional nurturing role of women, combined with their universal tendency to outlive men, leaves many older women alone in their attempts to cope with physical decline. Research has indicated that women comprise 55% of the adult population of persons having disabilities, although only 53% of the general population (Knute & Burdette, 1978). As the proportion of women increases with age, so does the proportion of women having disabilities. When needs for medical care combine with a lack of community and family support, institutional placement may result. Older women who have health problems may be significantly more "at risk," as evidenced by the fact that most residents of long-term care facilities are older women.

Social changes that occur with age are related to role loss and role change in personal and interpersonal areas, as well as decreased mobility. Retirement is perhaps the most widely researched transition and requires adaptation to the nonwork role. Loss of status, income, social contact, and so-called productive or meaningful use of time often result (Atchley, 1977).

Role changes include transitions from the worker to nonworker role, from spouse to widow or widower, from significant parent to distant relative, and from active participant to passive recipient. It is said that housewives "retire" gradually, beginning with the children leaving home. For workers, retirement is much more abrupt. Older housewives may maintain their roles, but they also may have to cope with having a spouse home and "underfoot." While many older persons adjust well to these changes, others find them exceedingly difficult.

Arding (1976) suggested that widowhood is the singular event causing the most significant changes in the family status of older people. It is clear that there would be a differential impact caused by this event on women who have children, as opposed to those who do not.

Aging often is characterized as a phenomenon of loss—losses of health, roles, and loved ones—and some means of coping with these losses must occur. Mancini (1979) defined role loss as:

a critical factor in stress among older people, because it [role loss] excludes and devalues people, sorely undermining their social identity. Continued involvement in certain roles may have a positive impact on morale. One such role may be that which concerns the relationships between family members.... [f]amily relationships in old age may facilitate a sense of identity and feelings of higher morale. (p. 292)

Women without children have one less role to fill in the void left by the inevitable losses of old age—the role of motherhood. Denied the role of mother or grandmother, they must seek other support or do without. If, however, they have a lifetime history of developing personal nonfamilial supports, they may continue this pattern into old age.

The role losses that accompany old age can be devastating for the childless older woman, particularly if she never married. The loss of social status and contact that were part of a job may be difficult to replace, and there exist for them fewer roles beyond the work roles of wife, mother, and homemaker to fill the functions supplied by a job. An added burden is that of the social stigma that a childless older woman is a "spinster" who should be kept separate and pitied.

Older people tend to suffer from bereavement overload (Kastenbaum, 1969)—the cumulative effects of multiple losses over time. Fortunately,

most old people are survivors, and they eventually adapt to loss and change without outside assistance. Others fare less well and live day to day with the burden of unresolved grief and stress. An estimated 65% of older persons in the United States suffer from depression (U.S. Select Committee on Aging, 1979), and little outpatient mental health care is available. Although the proportion of childless older women who fall into this category is not known, the number is probably high.

### Lack of Resources to Cope

The prevalence of significant mental health problems among older people is becoming a worldwide concern (National Council on Aging, 1981), as is the lack of effective and appropriate intervention resources to deal with the losses associated with aging. A major factor that mitigates against the losses and change associated with aging is the presence of a confidant (Lowenthal & Haven, 1968). The finding that just one significant interpersonal relationship is so overwhelmingly powerful has important implications for the study of childless older women. Their potential sources of interpersonal support are not the same as for those women who do have children.

Childless older women experience the same biological declines and social and psychological challenges as do older people in general; however, the impact of these changes may be more severe if their resources to cope are limited. The problems of older people differ in degree rather than in kind from persons of all ages (Ohio Governor's Commission on Aging, 1960). The concerns of childless older women also differ in degree rather than in kind from those of old people in general, and the coping options available to them may differ.

Childless older women have fewer supports to help them cope with the losses that accompany late maturity. Children are a major source of support and assistance for older persons throughout the world—a source that is simply not available to these women. Fewer resources exist to help them cope with their shrinking social worlds and declining physical capabilities, thus increasing the tendency for them to become isolated, lonely, and depressed. As Beckman and Houser (1982) noted, "To be old, alone, and without children or husband, and physically incapacitated is (almost by definition) to have a poor quality of life" (p. 250).

If she is married, the childless older woman and her spouse may have been subject to criticism or questions from well-meaning parents, peers, and friends. Although childless marriages are becoming more common, their legitimacy is often still challenged. More often than not, these criticisms are directed toward the female. According to Skolnick (1978), many people view the childless woman as selfish, irresponsible, immoral, unfeminine, and unhappy. The aging woman surely has had to

deal with these labels repeatedly throughout her adult life, regardless of the extent of her choice in the matter and her personal reconciliation of the fact of childlessness.

## IMPLICATIONS FOR COUNSELORS

There are needs in the areas of research and practice with regard to mental health care for childless older women. These individuals, although relatively small in absolute numbers, represent a population that is greatly "at risk." They have problems similar to and often more severe than other older persons, and they have fewer resources and familial supports to help them cope. The latter situation—one in which these women have no confidant or audience for expression—may contribute to their being a silent minority, whose needs are endured without complaint but with silent dignity.

The first task of counselors is to conduct research to validate these assumptions, identify these women, and then reach out to them to make their services known and accessible. Preventive care is preferable because it incorporates identification, outreach, and programming.

In addition, some means must be developed to identify those among this group who need some type of care. As a general rule, most older persons will live with their problems rather than seek or accept help, even when it is readily available. Emotional problems such as depression and loneliness may be incapacitating and act further to prevent persons in need from seeking or receiving services. Often, older persons do not recognize this as a problem or one that can be ameliorated, because they are unaware of available help.

Research implications can be summarized into four basic areas. First, we need to discover who the childless older woman is, including where and with whom she lives. How many childless older women are there? Second, we need to learn as much as possible about these women, including their major needs and concerns, the reasons for their childlessness, whether they have accepted their childlessness, or whether they have unresolved conflicts over their lives and decisions. Third, we need to study the issue of childlessness for women from a life-span perspective to understand the impact that age has on childlessness.

Finally, we need to find creative and useful ways to help childless older women deal with their day-to-day needs, problems, and concerns. Assistance needs to be given them in maintaining a support network, or at least the one confidant who is so crucial to positive mental health and life satisfaction during the later years of life. The notion of establishing a support group is critical because of the extreme loss experienced in the death of a confidant.



The availability of such information through research can be translated nationwide into counselor education training programs and practice, especially into those programs offering coursework or specializations in gerontological counseling or counseling for women. Until this information becomes available, educators and counseling professionals should approach childless older women with caution. Although they are potentially "at risk," they are still unique individuals with unique life circumstances, problems, and needs. It is imperative to avoid overgeneralizing about them based on the criterion of childlessness. It is equally important to remain open to their possible needs for counseling interventions.

## REFERENCES

- Arding, G. (1976). The elderly widow and her family, neighbors, and friends. *Journal of Marriage and the Family*, 38, 757-768.
- Atchley, R.C. (1977). *The social forces in later life*. Belmont, CA: Wadsworth.
- Beckman, L.J., & Houser, B.B. (1982). The consequences of childlessness on the social-psychological well-being of older women. *Journal of Gerontology*, 37, 243-250.
- Birren, J.E., & Schaie, K.W. (1976). *Handbook of the psychology of aging*. New York: Van Nostrand Reinhold.
- Brotman, H. (1982). *Every ninth American*. Washington, DC: U.S. Select Committee on Aging.
- Butler, R.N., & Lewis, M.I. (1977). *Aging and mental health: Positive psychosocial approaches*. St. Louis: Mosby.
- Christensen, H. (1968). Children in the family: Relationship of number and spacing to marital success. *Journal of Marriage and the Family*, 30, 283-289.
- Erikson, E.H. (1963). *Childhood and society*. New York: Norton.
- Erikson, E.H. (1976). Reflections on Dr. Borg's life cycle. *Daedalus*, 105 (2), 1-28.
- Gustavus, S., & Henley, J. (1971). Correlates of voluntary childlessness in a select population. *Social Biology*, 18, 277-284.
- Harris, W., Durkin, H., & Flores, A. (1979). Choosing to be child free. *The Journal of School Health*, 15, 379-382.
- Havighurst, R.J. (1972). *Developmental tasks and education*. New York: McKay.
- Houseknecht, S. (1977). Reference group support for voluntary childlessness: Evidence for conformity. *Journal of Marriage and the Family*, 39, 285-292.
- Kastenbaum, R. (1969). Death and bereavement in later life. In A.H. Kutscher (Ed.), *Death and bereavement*. Springfield, IL: Thomas.
- Knute, A., & Burdette, M.E. (1978). 1972 survey of disabled and nondisabled adults: Chronic disease, injury and work. *Social Security Bulletin*, 41 (4), 3-17.
- Lowenthal, M.F., & Haven, C. (1968). Interaction and adaptation: Intimacy as a critical variable. *American Sociological Review*, 33, 20-30.
- Mancini, J. (1979). Family relationships and morale among people 65 years of age and older. *American Journal of Orthopsychiatry*, 49, 292-300.
- National Council on the Aging. (1981, June 15-19). *Report to the United Nations of the North American Regional Technical Meeting on Aging*. Washington, DC: National Council on the Aging.
- Ohio Governor's Commission on Aging. (1960). *Ohio's senior citizens*. Columbus, OH: Ohio Governor's Commission on Aging.

- Puner, M. (1974). *To the good long life: What we know about growing old*. New York: Universe Books.
- Rao, S. (1974). A comparative study of childlessness and never-pregnant status. *Journal of Marriage and the Family*, 36, 149-157.
- Skolnick, A. (1978). *The intimate environment* (2nd ed.). Boston: Little, Brown.
- U.S. Select Committee on Aging. (1979). *National conference on mental health and the elderly* (Pub. No. 96-186). Washington, DC: Government Printing Office.